

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	7	5 / 9 / 18		PEOLOGY MACHECHE PLAZA	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>		RATING	2:15 PM	4:00 PM	PROGRESSIVE PIES LLC	
Investigation			A	SANITARY PERMIT NO.		LOCATION (Address)	
Other				170002185		131 MACHECHE AVE DEDEDO	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
RESTAURANT				1	989-7800	1	3
				No. of Repeat Risk Factor/Intervention Violations			
				0			

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	N/A	N/O		6
5	IN	OUT	N/A	N/O		6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	N/A	N/O		6
7	IN	OUT	N/A	N/O		6
8	IN	OUT				6
<b>Approved Source</b>						
9	IN	OUT				6
10	IN	OUT	N/A	N/O		6
11	IN	OUT				6
12	IN	OUT	N/A	N/O		6
<b>Protection from Contamination</b>						
13	IN	OUT	N/A			6
14	IN	OUT	N/A			6
15	IN	OUT				6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	N/A	N/O		6
17	IN	OUT	N/A	N/O		6
18	IN	OUT	N/A	N/O		6
19	IN	OUT	N/A	N/O		6
20	IN	OUT	N/A			6
21	IN	OUT	N/A	N/O		6
<b>Consumer Advisory</b>						
22	IN	OUT	N/A			6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	N/A			6
<b>Chemical</b>						
24	IN	OUT	N/A			6
25	IN	OUT				6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40	X		In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) FELIX CHAMP CAMALHO

Date: 5/9/18

DEH Inspector (Print and Sign) J. GARCIA EPHO1 / C. TAKASE EPHO1

Follow-up (Circle one): YES NO Follow-up Date 8/9/18

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ESTABLISHMENT NAME <b>PIEOLGY MACHECHE PLAZA</b>		LOCATION (Address) <b>131 MACHECHE AVE DEDEDO</b>	
INSPECTION DATE <b>5 / 9 / 18</b>	SANITARY PERMIT NO. <b>170002185</b>	PERMIT HOLDER <b>PROGRESSIVE PIES LLC</b>	

**TEMPERATURE OBSERVATIONS**

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
MOZZARELLA / FRONT CHILLER	40.5	CHICKEN / WALK IN CHILLER	29.6
PARMESAN / BOTTOM SERVICE CHILLER	38.5	GORGONZOLA / WALK IN CHILLER	39.0
RICOTTA / SERVICE LINE	41.0	PEPPERONI / WALK IN CHILLER	40.0
SAUSAGE / SERVICE LINE	41.0		
SALAMI / SERVICE LINE	39.5		
BACON / SERVICE LINE	40.5		
MEAT BALL / SERVICE LINE	40.5		
HAM / SERVICE LINE	39.0		
SPICY ITALIAN SAUSAGE / BOTTOM SERVICE CHILLER	36.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED BASED ON A COMPLAINT # 18-0584 REGARDING EMPLOYEES NOT WEARING HAIR RESTRAINTS & GLOVES, AS WELL AS IMPROPER USAGE OF WIPING CLOTHS. NO EVIDENCE WAS OBSERVED TO SUPPORT THE COMPLAINT.	
	THE FOLLOWING VIOLATIONS WERE OBSERVED:	
14	CUTTING BOARD OBSERVED WITH DARK DISCOLORATION & DEEP SEAMS.  ALL FOOD CONTACT-SURFACES SHALL BE EASILY CLEANABLE SMOOTH & NON-ABSORBENT TO ALLOW FOR PROPER CLEANING & SANITIZATION.	
40	IN-USE UTENSILS ON SERVICE LINE IMPROPERLY STORED IN FOOD.  UTENSILS SHALL BE PROPERLY STORED TO PREVENT CROSS-CONTAMINATION	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <b>FELIX CAMACHO</b>	Date: <b>5/9/18</b>
DEH Inspector (Print and Sign) <b>J. GARCIA EPHO 1</b> / <b>C. TAKASE EPHO 1</b>	Date: <b>5/9/18</b>

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